

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	1					
TOTAL DEP.	3	←	←	←		
TOTAL CLAIMS	9	████	████	████	████	████

*	IND	DEP	*	IND	DEP	*	IND	DEP
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TOTAL IND.	1							
TOTAL DEP.	3	←	←	←				
TOTAL CLAIMS	9	████	████	████	████	████	████	████